



**RDS Appeals  
Sample Supporting Documentary Evidence Cover Sheet**

**Please complete the following information (please print):**

**Date Appeal Submitted:** \_\_\_\_\_

**Date Documentary Evidence Submitted:** \_\_\_\_\_

**Application ID:** \_\_\_\_\_ **Plan Sponsor ID:** \_\_\_\_\_

**Plan Sponsor Name:** \_\_\_\_\_

**Plan Year Start Date:** \_\_\_\_\_ **Plan Year End Date:** \_\_\_\_\_

**Appeal Tracking #:** \_\_\_\_\_

**Adverse Determination Being Appealed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**This document is submitted by:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**RDS User Role (e.g., AR, AM, Designee, etc.):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please attach this form to your supporting documentary evidence before mailing.**

**Please mail all supporting documentary evidence to the following address:**

**Retiree Drug Subsidy Center  
Attn: Reconsiderations  
PO Box 5060  
New York, N.Y. 10274-5060**